



INDIVIDUAL RESPONSIBILITY PLAN (IRP)

**ISSUE RESOLUTION (NORMALLY NON-CONTRACTED):
OTHER ISSUE RESOLUTION (TP, XB, XC, XD, XG, XE, XH, XM, XP)**

I will participate with the provider listed below at the address listed below for the dates listed below. I will participate in activities to address the issues listed below that interfere with my ability to work or help me care for my children. If I am unable to come to scheduled appointments or participate in the agreed upon activities, I will call the number listed below on or before the same day I am unable to participate. I understand that if I do not call in on or before the same day, it will be considered an unexcused absence and that two unexcused absences in a month may result in sanction. I have adequate child care and transportation has been addressed, and these are not an issue. My case manager and I will review this IRP again on the date listed below.

I will participate ☐ Full-time ☐ 3/4 time ☐ Half-time ☐ Quarter time

Provider: _____

Address: _____

Begin and end date of services: _____

- ☐ Create appropriate living arrangements or enroll in a high school/GED program
- ☐ Pursue SSI, L&I, VA, or other benefits
- ☐ Find child care or care for an incapacitated adult
- ☐ Do the activities in my DVR Plan
- ☐ Alcohol or substance abuse treatment
- ☐ Mental Health Services
- ☐ Resolve homelessness or housing issues
- ☐ Medical Services
- ☐ Parenting skills, nutrition classes, and family planning services

Phone number: _____

Date of next IRP review: _____